

**TOWN OF MANCHESTER, CONNECTICUT
HUMAN RESOURCES DEPARTMENT**

REQUEST TO CARRY OVER ANNUAL LEAVE DAYS - UNAFFILIATED EMPLOYEES

Name:

Department:

Position Title:

Union:

Please state number of days requested and reason for request (see reverse for guidelines):

Employee Signature: _____ Union: _____

To Be Signed By Department/Division Head

_____ I feel this request should be granted.

_____ I do not feel this request should be granted.
(If denied, please give reason(s) below.)

Signature of Department/Division Head

Date

Comments: _____

To Be Completed By Human Resources Department

Our records indicate that the employee has _____ days annual leave/vacation accumulated as
of _____.

Director of Administrative Services

Date

Recommendation: _____

To Be Completed By General Manager

This request: _____ has been approved _____ has not been approved.

Comments: _____

SEND COMPLETED FORM TO THE HUMAN RESOURCES DEPARTMENT BY WEDNESDAY, NOVEMBER 5, 2014.

Carryover Requirements per Agreement/Overview

Unaffiliated: Article VII, (F) - carryover up to 15 days with General Manager's approval.
Buyback - Dept/Div Heads: up to 7 days; Other: up to 5 days.